

Updated - EXHIBIT 3– BID FORM

Shredding Services: 21-AX-G01
eMMA# BPM023725

	A	B	C
1	Estimated number of Bins/Stationaries per month *12	Price per Bin/Stationary collected	Total Bid Price (A *B)
2	(Bins): 18*12 = 216	\$	\$
3	(Stationaries): 7*12= 84	\$	\$
4	Total Bid Price = (C₄=C₂+C₃)	Total Bid Price = (C₄=C₂+C₃)	\$

The above price includes and covers duties, handling, transportation charges and all other charges incidental to and forming part of this Bid. This also includes all costs required by the Contract from the Department for the delivery of services under this project.

Bids will be evaluated on the dollar amount listed on the “**Total Bid Price**” line.

Authorized Signature: _____ Date: _____

Printed Name and Title: _____

Bidder Address: _____

FEIN: _____ eMMA: _____ SBR: _____

Bidder Contact Information: Telephone: (____)____--____

E-mail: _____

